

# Application for Cigarette and Tobacco Products License

# COPY

MUNICIPAL USE ONLY

License Number
Period Covered <b>July 1, 2013 - June 30, 2014</b>
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**004-00005751780**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Nelsen's Hall Bitters Post Rest LLC</b>		Federal Employer Identification No. (FEIN) <b>42-1486055</b>
Trade or Business Name (if different than Legal Name)		Telephone Number ( )
Business Address (Permit Location) <b>1201 Main Road</b>	Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Business Telephone <b>(920) 847-2496</b>
City <b>Washington Island WI</b>	State <b>WI</b>	ZIP Code <b>54246</b>
Mailing Address (if different than Business Address)		County <b>Door</b>
City		State <b>WI</b>
		ZIP Code <b>54246</b>

Organization (check one)

Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_

Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO

Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco/index.html](http://www.doj.state.wi.us/dls/tobacco/index.html) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
this 10<sup>th</sup> day of May, 2013  
[Signature]  
(Clerk / Notary Public)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires April 26, 2015

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10-

Application Date: 05/10/2013

[X] Town [ ] Village [ ] City of Washington County of Door

The named organization applies for: (check appropriate box(es).)

- [X] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
[X] A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning 07/06/2013 and ending 07/07/2013 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) [ ] Bona fide Club [ ] Church [ ] Lodge/Society [X] Veteran's Organization [ ] Fair Association

(a) Name American Legion Gisalson - Richter Post 402

(b) Address 1254 Main Road, Washington Island, WI 54246 (Street) [X] Town [ ] Village [ ] City

(c) Date organized

(d) If corporation, give date of incorporation

(e) Names and addresses of all officers: President Commander William Nauta

Vice President Adjutant Tyler McGrane

Secretary

Treasurer Finance Officer Tyler McGrane

(f) Name and address of manager or person in charge of affair: Commander William Nauta, 1254 Main Road, Washington Island, WI

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2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 1254 Main Road

(b) Lot Block

(c) Do premises occupy all or part of building? Yes

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 1st floor, 2nd floor and outside property

3. NAME OF EVENT

(a) List name of the event American Legion Fourth of July Fish Boil

(b) Dates of event 7/6/2013 and rain date of 7/7/2013

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer [Signature] (Signature/date)

Officer [Signature] (Signature/date)

American Legion Gisalson-Richter402 (Name of Organization)

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 5-21-13

Date Reported to Council or Board 6-18-13

Date Granted by Council

License No.

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10

Application Date: 05/10/2013

Town Village City of Washington County of Door

The named organization applies for: (check appropriate box(es))

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning 08/31/2013 and ending 09/01/2013 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name American Legion Gisalsen - Richter Post 402

(b) Address 1254 Main Road, Washington Island, WI 54246 (Street) Town Village City

(c) Date organized

(d) If corporation, give date of incorporation

(e) Names and addresses of all officers: President Commander William Nauta

Vice President Adjutant Tyler McGrane

Secretary

Treasurer Finance Officer Tyler McGrane

(f) Name and address of manager or person in charge of affair: Commander William Nauta, 1254 Main Road, Washington Island, WI

COPY

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 1254 Main Road

(b) Lot Block

(c) Do premises occupy all or part of building? Yes

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 1st floor, 2nd floor and outside property

3. NAME OF EVENT

(a) List name of the event American Legion Labor Day Fish Boil

(b) Dates of event 8/31/2013 and rain date of 9/1/2013

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

American Legion Gisalsen-Richter402 (Name of Organization)

Officer [Signature] (Signature/date)

Officer (Signature/date)

Officer [Signature] (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 5-21-13

Date Reported to Council or Board 6-18-13

Date Granted by Council

License No.

# APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ \$10.00

Application Date: 6-4-13

Town  Village  City of WASHINGTON County of DOOR

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning JUNE 22, 2013 and ending JUNE 22, 2013 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box)  Bona fide Club  Church  Lodge/Society  Veteran's Organization  Fair Association

(a) Name WASHINGTON ISLAND FOUNDATION, INC.

(b) Address 1577 LAKE VIEW RD, WASHINGTON ISLAND, WI 54246  
(Street)  Town  Village  City

(c) Date organized \_\_\_\_\_

(d) If corporation, give date of incorporation SEPT. 1986

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President JOHN BUXTON, 939 S. SHORE DR WASHINGTON ISLAND, WI

Vice President DANIEL NEUBAUSER, 1077 MAIN RD, WASHINGTON ISLAND, WI 54246

Secretary CAROLYN Y. FOSS, 878 RANGE LINE RD, WASHINGTON ISLAND, WI 54246

Treasurer CAROLYN Y. FOSS, 878 RANGE LINE RD, WASHINGTON ISLAND, WI 54246

(g) Name and address of manager or person in charge of affair: CAROLYN Y. FOSS, 878 RANGE LINE RD, WASHINGTON ISLAND, WI 54246

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 1309 RANGE LINE RD, WASHINGTON ISLAND, WI 54246

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? PART

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 2<sup>ND</sup> FLOOR BANQUET HALL

3. NAME OF EVENT

(a) List name of the event 25<sup>TH</sup> YEAR CELEBRATION 9<sup>TH</sup> DINNER FOR THE W. I. MOST RECREATION CENTER

(b) Dates of event JUNE 22, 2013

## DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Carolyn Y. Foss 6/4/13  
(Signature/date)

Officer Carolyn Y. Foss 6/4/13  
(Signature/date)

Date Filed with Clerk 6-5-13

Date Granted by Council \_\_\_\_\_

WASHINGTON ISLAND FOUNDATION  
(Name of Organization)

Officer John Buxton 6/4/13  
(Signature/date)

Officer Daniel Neubauser 6/4/13  
(Signature/date)

Date Reported to Council or Board 6-18-13

License No. 2013-09

William Jorgenson

2062 Townline Road

Washington Island, WI 54246

To Town Board Members

What I wish to do is plant two Royal Red Maples (dark red leaves) along the third base (south side) of the baseball field. This would be on the grass strip between the bleachers and the gravel on the turnaround road.

I have contacted Diggers Hot Line and they will be there to check out this area on June 11th.

I will plant the trees and maintain them if allowed to do so.

Sincerely,

A handwritten signature in cursive script that reads "William Jorgenson". The signature is written in black ink and is positioned above the printed name.

William Jorgenson

# Washington Island Electric Co-operative

Island Business Owner/Organization,

For many years now, The Washington Island Electric Cooperative has hung United States Flags during the summer in the downtown area and Scandinavian flags during the weeks surrounding the Fest. These flags have been supplied by the American Legion, the Town of Washington and the Cooperative. In the winter we have installed Christmas trees on the light poles that were donated by Ray Hansen and Daniel Nerenhausen with lights supplied by the Cooperative. We think all will agree that this adds a nice touch to the downtown area.

You may have noticed that for the previous two summers we have had a seasonal banner mounted on a bracket on the light pole outside the Cooperative office. We have had many positive comments on the installation and as part of our ongoing commitment to community efforts, are moving forward with a plan to install brackets for banners on light poles in town and on South Main Road as well as strategic power poles starting at the Ferry Dock and other Island Business areas. We expect that there will be between 15 and 20 of these brackets installed in total. As part of this, Aislinn Cornell with the assistance of Amy Jorgenson has designed a banner using the Washington Island flag as a basis. We are asking for your participation in the project and are soliciting donations to help fund the banners themselves. We hope to have the brackets made and installed and the banners ready by the 4<sup>th</sup> of July. Each of these banners will be made out of a heavy "Sunbrella" banner canvas and the banners we have displayed over the past two summers have held up to wind and weather with little notice, so we expect a decent lifespan of many years for the banners. These banners will cost just under \$100 each and we are hoping you will be able to donate towards this project.



As this project moves forward and develops, other seasonal or event related banners could be installed on the brackets and the Cooperative would do these installations as is necessary.

We would also like to remind you that the Washington Island Lion's Club has Washington Island Flags available for sale.

We look forward to your participation if you are able to do so.

Robert Cornell

1157 Main Road • Washington Island, WI 54246 • 920-847-2541

**BUDGET RESOLUTION 2013-13**

**Town of Washington, Door County, Wisconsin**

**A resolution amending the 2013 budget of the Town of Washington, Door County, Wisconsin adopted by a two-thirds majority vote of the entire membership of the TOWN BOARD**

**Whereas the sum of \$5,650 to be deducted from the Town of Washington Fire Department Pay Account (#524200.200) and the sum of \$5,650 be added to Town of Washington Capital Outlay Account (#570554.010) for Town’s portion for the Jaws of Life and increase Donations Account (#467800.420) by \$5,650 to show FD donation to Town for their portion of Jaws of life.**

**NOW THEREFORE, BE IT RESOLVED by the TOWN BOARD of the Town of Washington to amend the 2013 Budget to reflect the changes listed above.**

Adopted: 6/18/2013 \_\_\_\_\_  
Joel Gunnlaugsson, Town Chairman

Approved: 6/18/2013 \_\_\_\_\_  
Attest - Valerie Carpenter, Town Clerk

Roll Call Vote:	Aye	Nay	<b>ACTION TAKEN</b>
Randall Sorensen	___	___	Adopted as presented _____
Elizabeth Holmes	___	___	Adopted as amended _____
John Rader	___	___	Rejected _____
Joel Gunnlaugsson	___	___	Tabled until _____
Kirby Foss	___	___	Referred to _____

**Resolution 2013-13**